

## VICTIM COMPENSATION PROGRAM RELOCATION ESTIMATE/WORKSHEET

If you are a victim of a crime that occurred on or after January 1, 2000, and have incurred or will incur relocation expenses, you may be eligible for a cash payment or reimbursement.

Generally, a relocation expense can only be awarded once to each victim. There may be exceptions if both of the following conditions are met: 1) The second crime or series of crimes occurs more than three years from the date of the crime for which you received relocation expenses, and 2) The crimes do not involve the same perpetrator.

### IMPORTANT INFORMATION FOR DOMESTIC VIOLENCE VICTIMS

When a relocation payment or reimbursement is provided to a victim of domestic violence (or for victims of sexual assault for crimes occurring on or after 1/1/02), the victim shall agree to: (1) **not** inform the offender of the location of his/her new residence and **not** allow the offender on the premises at any time, or (2) seek a restraining order against the offender. \_\_\_\_\_ (Claimant's initials)

To claim your relocation expenses you must include written documentation on letterhead from a law enforcement agency stating that the relocation is necessary for your personal safety, or from a mental health treatment provider stating that the relocation is necessary for your emotional well-being. Documentation should be written on the provider's business letterhead and include: license number, business address, and phone number. If the recommendation is from a therapist who is an intern, the same information from the supervising therapist must also be included.

Check a box below for the type of documentation included.

☐

Law Enforcement

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Licensed Mental Health Provider

(Must be a mental health provider that could be reimbursed under GC § 13960(d)(2) [e.g., Psychologist, Psychiatrist, MFT, LCSW, Intern or Psychology Intern, Psychological Assistant or Associate Clinical Social Worker].)

Payment for relocation expenses cannot exceed two thousand dollars (\$2,000). These expenses may include, but need not be limited to, all of the following:

- Deposits for rental housing, not to exceed \$2,000, or the first and last month's rent and security deposit, whichever is less;
- Deposits for utilities and telephone service;
- Temporary lodging and food expenses, not to exceed \$1,000; and/or
- Clothing and other personal items, not to exceed \$500.

## Request for Cash Payment or Reimbursement

This section is provided as a guideline for estimating costs associated with relocating to a safe environment. Please complete the amount column for each of the listed categories you are claiming. Please provide a reasonable **ESTIMATE or RECEIPT** (*not including rental housing*) for each category for which you are requesting assistance.

Estimated Expense or Cash Payments	Amount
<b>Rental Housing:</b> (Not to exceed \$2,000, or the first and last month's rent, and security deposit, whichever is less, <b>AND</b> you must attach a copy of the receipt or rental agreement including the landlord's name, address and telephone number.)	
<b>Utilities Deposits:</b> (e.g., electric/gas/water, but not to include cable.) (Reasonable deposit and connection estimate or receipt required.)	
<b>Telephone Deposit and Connection Fee:</b> (Reasonable deposit and connection estimate or receipt required.)	
<b>Temporary Lodging and Food Expense:</b> (Not to exceed a total of \$1,000.) (Lodging receipts or a statement is required. Food expenses exceeding \$200 also requires a receipt or statement.)	
<b>Clothing and Other Personal Items:</b> (Not to exceed a total of \$500.) (Clothing receipts are required or a statement describing purchases is required.)	
<b>Other Necessary Expenses:</b> Please explain and attach receipts or statement. (If necessary, attach additional paper.).	
<b>Total Relocation Expenses (not to exceed \$2,000)</b>	<b>\$</b>

If you would like payment made directly to your landlord or utility company, please complete the following:

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Claimant Name (Print)	Signature	Date
Your Social Security Number:       -       -		
Representative Name (Print)	Signature	Date

**THIS WORKSHEET MUST BE COMPLETED AND IS REQUIRED FOR RELOCATION EXPENSES.**